

DEFENDANT'S EXHIBIT 2

FORMAL COMPLAINT OF DISCRIMINATION IN THE FEDERAL GOVERNMENT

PRIVACY ACT STATEMENT (5 USC 552a)

RECEIVED - DCHDE-DK
EEO OFFICE

AUTHORITY: 42 U.S.C. 2000e-16(b) and (c); 29 U.S.C. Chapter 14; E.O. 12106.

PRINCIPAL PURPOSE: Formal filing of allegation of discrimination because of race, color, religion, sex, disability, age, national origin, or marital status.

ROUTINE USES: Information in this system may be disclosed to Federal, State or local investigating agencies; the Congress when inquiring on behalf of the individual; to any official engaged in the investigation or settlement of matters at issue; to the EEOC as necessary; and to another federal agency or court in compliance with a subpoena.

DISCLOSURE: Voluntary, however, failure to complete all appropriate portions of this form may lead to dismissal of complaint on the basis of inadequate data on which to determine if complaint is acceptable. EEOC government-wide system notice EEOC/GOVT-1 applies.

1. NAME OF COMPLAINANT (Last, first, middle initial) PLANCK, BARBARA A.		2. AGENCY DOCKET/COMPLAINT NO. (EEO OFFICE USE ONLY) XL-01-018	
3a. HOME TELEPHONE NUMBER (334) 795-1408	3b. WORK TELEPHONE NUMBER (334) 774-0815	4. HOME ADDRESS (Include city, state, and ZIP Code) RT. 1 BOX 228 MIDLAND CITY, AL 36350	
5. DO YOU HAVE A REPRESENTATIVE? <input checked="" type="checkbox"/> a. YES (Complete Item 6) <input type="checkbox"/> b. NO		7. NAME OF AGENCY AND ADDRESS WHERE ALLEGATIONS AROSE (Include city, state, and ZIP Code) DCMA EAST DISTRICT, BOSTON, MA DFAS, COLUMBUS, OH	
6. IF YES, PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER OF REPRESENTATIVE (Include city, state, and ZIP Code) CHARLES N. REESE (ATTORNEY AT LAW) 1 OLD TOWNE SQUARE, POST OFFICE DRAWER 250 DALEVILLE, AL 36322 (334) 598-6321			
THIS REPRESENTATIVE IS <input type="checkbox"/> IS NOT <input checked="" type="checkbox"/> AN ATTORNEY.			
8. NAME AND LOCATION OF AGENCY ORGANIZATION WHERE YOU WORK DCM-OZARK (APMO) OZARK, AL	9. DATE OF MOST RECENT ACT OF ALLEGED DISCRIMINATION (MM/DD/YY) 100500	10. ARE YOU A FEDERAL EMPLOYEE OR APPLICANT? <input checked="" type="checkbox"/> a. EMPLOYEE, GRADE, SERIES, TITLE: GS-344 -06 MANAGEMENT ASSISTANT <input type="checkbox"/> b. APPLICANT FOR EMPLOYMENT	
11. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST ("X" below)			
<input checked="" type="checkbox"/> a. RACE (State your race) WOMEN - OVER 40	<input type="checkbox"/> e. DISABILITY (Describe nature of your disability) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL		
<input checked="" type="checkbox"/> b. COLOR (State your color) CAUCASIAN	<input type="checkbox"/> f. AGE (State your date of birth) 01/09/54		
<input type="checkbox"/> c. RELIGION (State your religion)	<input type="checkbox"/> g. SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		
<input type="checkbox"/> d. NATIONAL ORIGIN (State your National Origin)	<input checked="" type="checkbox"/> h. REPRISAL (Date and nature of your participation in the processing of an EEO complaint or other EEO related activity) Denial of Safety and Health Officer (Intern Position) in Birmingham, AL. Denial of my husband to be relocated		
12. I HAVE DISCUSSED MY COMPLAINT WITH AN EEO COUNSELOR (See reverse) <input checked="" type="checkbox"/> a. YES (Complete 12c) <input type="checkbox"/> b. NO	12c. IF "YES," NAME AND TELEPHONE NUMBER OF COUNSELOR CYNTHIA BLASSINGAME (770) 494-1532	12d. DATE YOU FIRST ASKED TO SEE EEO COUNSELOR 09/00	13. DATE RECEIVED NOTICE OF RIGHT TO FILE 04/18/01
14. TELL BRIEFLY HOW YOU WERE DISCRIMINATED AGAINST. INCLUDE THE DATE OF EACH ALLEGED DISCRIMINATORY INCIDENT. (That is, tell how you were treated differently from other employees or applicants because of your race, color, religion, sex, national origin, age, mental or physical disability or reprisal.) (If your complaint involves more than one allegation of discrimination, list and number each such allegation separately. Tell what happened, who involved and when it happened. (Use additional sheets, if necessary.) I am authorized to the receipt of benefits pursuant to the Relocation Assistance Program, derived from the National Defense Authorization Act, Public Law 101-189. Denied benefits and services as described in DODI 1338.19, June 15, 1990. Denied benefits and reimbursement as described in the Joint Travel Regulations. While other employees who are male have received the same benefits that I am having to repay under the same or similar circumstances. Lack of effort by DCMA to assist with the relocation of my husband to this area, or myself to his area resulting in a major decline of our families Quality of Life. This effort to relocate families together has been accomplished with other DCMA employees in the past. I am a caucasian female over 40 years of age.			
15. WHAT SPECIFIC CORRECTIVE ACTION DO YOU WANT TAKEN ON YOUR COMPLAINT? (If more than one allegation is being made, state overall corrective action desired and the specific corrective action desired for each separate allegation.) See attached sheet			
16. HAVE ANY OF THE INCIDENTS LISTED IN ITEM 14 BEEN APPEALED TO THE MERIT SYSTEMS PROTECTION BOARD (MSPB) OR FILED UNDER A NEGOTIATED GRIEVANCE PROCEDURE? <input type="checkbox"/> a. YES. Explain. (Include date and MSPB Docket No.) <input checked="" type="checkbox"/> b. NO		17. SIGNATURE OF COMPLAINANT Barbara Planck	
		18. DATE COMPLAINT SIGNED BY COMPLAINANT (MM/DD/YY) 4/23/01	19. DATE COMPLAINT FILED (EEO OFFICE USE ONLY) APR 26 2001

Reimbursement of Temporary Quarters for Home. Orders were amended to authorize my family and myself an additional 60 days of TQSE. This was accomplished by providing the order-issuing official with written justification that clearly described the circumstances, warranting the extension that was beyond my control. Ms. Grey had no business making determinations on my entitlements or my reason to extend Temporary Quarters; the travel-approving official, Mr. Joe Cass, makes this decision. Household goods were delivered to the home and stored in the garage and outside the home. Ms. Grey informed me that I would also be responsible for the storage bill if household good were not delivered. Many repairs to the home were not completed and were still under construction! We had no stove or refrigerator at the residence, these appliances were left at the home in Ohio. These repairs continued far beyond the additional 60-day extension I was granted. The advances I received were used to pay for the utilities and home while and for gas to obtain meals.

Reimbursement of \$1,718.74

My Commander approved payment of \$3,348.00 for mileage of our POV to obtain meals during these 60 days.

Reimbursement of \$3, 348.00

Repairs to POV (statement and regulation for reimbursement provided). This voucher was lost in Boston and never processed or information provided as to how to obtain reimbursement.

Reimbursement of \$242.76

Payment for the relocation assistance provided by Ms. Mary Masterson, Dothan, AL. Contacted Fort Rucker and was advised Ms. Masterson has been very helpful in many Military Relocations and was highly recommended. Ms. Masterson provided area information, flood plains areas and desirable areas to purchase a home. She provided us with local medical, school-related information, place of worship in different areas. She provided us all the services and assistance that was denied and unavailable by my agency and installation. Since I had to pay for such a service it is only fair that I be reimbursed for this actual expense.

Reimbursement of \$2, 754.00

Coin laundry and washing supplies. The regulation clearly states that receipts are not required. I asked for reimbursement of actual expenses! I was paying for washing for a family of four and daily washing was necessary (as I stated in my justification statement to my agency). However this was denied and the only explanation I received was excessive. What determines excessive????

Reimbursement of \$325.44

RITA Allowance that was taken from me by DFAS
\$4, 576.18

POV mileage when my husband left Lima, OH and was reassigned to
Anniston, AL - \$224.00

Reinstatement of Sick Leave and Annual Leave and repayment of money I
expended for stress related medical expenses that I suffered because of
the unnecessary stress in direct result of this PCS move. To Be
Determined

Reinstatement of Annual Leave for the House-hunting Trip my husband
was forced to use. Agreement was made when he received orders to be
reassigned to Alabama, management would reinstate his 80 hours of leave
he was forced to use.

My husband to be relocated to this area as there is a job opening available
now. I am still under doctor's care and reasonable accommodations are
medically necessary (doctor statement provided to management and to
Boston).

Attorney Fees – To Be Determined

Any other damages which my attorney determines necessary.

DATE: April 23, 2001TO: Ms. Cynthia Blassingame
(EEO Counselor)FROM: Barbara A. Plank
(NAME)

SUBJECT: Designation of Representative and Limited Power of Attorney

This is to notify DCMDE-DK of my election of a representative in the EEO matter which I am pursuing. My representative is:

Charles N. Reese (Attorney at law)
NAME1 Old Towne Square, Post Office Drawer 250
ADDRESSDaleville, Alabama 36322
CITY/STATE(334) 598-6321
PHONE NUMBER

I understand that this election is voluntary and that it is my responsibility to keep the agency informed of any changes regarding my representative. I further understand that all formal correspondence will go to my representative, with a copy to me. Dates will be based on the designated representative's receipt of correspondence.

Barbara A. Plank
SIGNATURE